**INDIAN HEALTH SERVICE
INFORMATION SYSTEMS COORDINATORS
MEETING MINUTES**
Albuquerque, New Mexico
November 19-20, 2003

<u>**Attendees**</u>

<u>Areas</u>
Aberdeen Area-Madonna Long, Marty LaCompte
Alaska Area-Richard Hall, Raymond Martin
Albuquerque Area-Joe Lucero
Bemidji Area-William Bird
Billings Area- LeAnn Christianson, Mike Danielson
California Area-Janet Bergemann
Nashville Area-Floyd Dennis, Kevin Malloy
Navajo Area-Wes Old Coyote, Tony Davis
Oklahoma Area-Kevin Rogers
Phoenix Area-S.M. Satpathi, Chris Nolan
Portland Area-John Hubbard
Tucson Area-Dennis Mattix
IHS Division of Engineering Services/Seattle/Dallas-Val Calder

<u>Information Technology Support Center</u>
Ken Russell, Sam Berry, Cathy Federico, Tom Fisher, Carl Gervais, George Huggins, Tom
Mathues, Rob McKinney, Bruce Parker, Brad Platero, Rick Pullen, Ray Richardson, Dale
Smith, Karen Wade, Raymond Willie, Shirley Zuni

<u>IHS Headquarters-Chief Information Officer's Office</u>
Keith Longie, Jim Garvie, Ken Johnson, Christy Tayrien

HHS Chief Technology Officer-Greg Brolund

<u>**Wednesday, November 19, 2003**</u>

Chief Information Officer (CIO) Discussion with Information Systems Coordinators (ISC)
Keith Longie, CIO, IHS, Jim Garvie, Deputy CIO, IHS, and Ken Russell, Acting Director, ITSC

The meeting began with an introductory session lead by Keith Longie, CIO, Indian Health Service
(IHS). Mr. Longie welcomed the attendees and provided them with his short- and long-term visions
for IHS information technology, and in particular, the ISCs and Area CIOs.

Keith identified the following IHS/ITSC projects, goals, and strategies for FY 2004:

<u>Priority Projects</u>
- IHS-Electronic Health Record (EHR)
- Patient Accounts Management System (PAMS) (Tribal sponsors-Choctaw, Chickasaw,
- Gila River)
- Executive Information Support System (EISS)
- Data Warehouse
- HIPAA Transactions and Code Sets
- HIPAA Security – including e-mail
- Telecommunications (Infrastructure upgrades)

IT Goals:
- The Resource and Patient Management System (RPMS) needs to be the software of choice for IHS, Tribal and Urban programs
- Strengthen relationship and support for Agency
- Lead Negotiators must be aware of what services are provided in order for Tribes to make sound decisions related to Retained Shares
- Strengthen CIO/ISC's role in National Direction
- Strengthen CIO/ISC role within the Area
- Eliminate IT Program disparities between Areas
- Be Customer Focused

Strategies
- Partnering with other agencies and Tribes to be more responsive, reduce development and deployment time and to share costs, and gave the following as examples: the Veterans Health Administration (VHA) is providing assistance with Billings and IHS for the EHR project; the Centers for Medicare and Medicaid Services (CMS) and other agencies are in the process of providing technical and monetary assistance.

- The Director, IHS has set aside $2.6 to $5 million from diabetes program appropriation for IT.

- SES (Active Directory, etc) standards implemented for IT investment and improvement.

- Compile Area staffing, infrastructure and budget information and provide to CIO.

- Work with appropriate HR staff to implement standard IT Position Descriptions.

- All Area Offices except Phoenix are running RPMS strictly on AIX. It's a mix at the Service Unit level.

- Implement GUI standards and ensure coordination of IT Projects.

- Update all MicroSoft systems with latest patch distribution technology.

Keith briefed the group on the Department of Health and Human Services (HHS) information technology (IT) consolidation metrics and the ensuing IHS consolidation initiatives that have been and continue to develop from them. He announced that the IHS Administrative Resource Management System (ARMS) consolidation would not have to occur as originally planned. The IHS will be keeping the ARMS servers. Server consolidation issues are to be addressed through the Integrated Financial Administrative System (IFAS) business case proposal.

Keith discussed the current restructuring efforts within the IHS and the proposed elevation of the Division of Information Resources (DIR) to an office level organization within the IHS. He introduced Mike Danielson, Billings Area, as the new Director, Information Technology Support Center (ITSC), effective in June 2004.

He proposed that the ISCs begin to meet on a regular basis, and develop an official ISC working group with a purpose, charter, and chair. The ISCs selected Wes Old Coyote, Navajo Area CIO, as their interim leader for this meeting until they develop and implement a formal process for selecting a chair.

Severn

(See presentation slides)

Severn provided an update on the services/equipment they can provide to the IHS.

Information Systems Advisory Committee (ISAC) IT Actions and Priorities
Mike Danielson and Richard Hall, ISAC Co-Chairs

(See presentation slides)

The ISAC Co-chairs provided the group with the current ISAC priorities and the ISAC Recommendations to the Director, IHS dated September 24, 2003. Mike Danielson, ISAC IHS Co-chair, will be vacating his position on the ISAC due to his new position as the ITSC Director.

Electronic Health Record (EHR)
Keith Longie, CIO, IHS and Mike Danielson, Director, ITSC, IHS

(See presentation slides)

Mike Danielson and Keith Longie gave an update on the IHS-EHR project. The Director, IHS, recently designated Dr. Howard Hays, Medical Informatics Consultant, ITSC, as the EHR Program Director. The Office of Management and Budget (OMB) Program Assessment Rating Tool (PART) review of the IHS Resource and Patient Management System (RPMS) requires that the IHS implement the EHR in 20 sites by September 30, 2003. The EHR Program is currently soliciting 2 sites from each IHS Area Director for participation in initial program testing and deployment. The IHS-EHR Program will select four to five facilities from among the Area Director recommendations as formal beta test sites. Beta test sites will be required to meet specific site selection criteria (see EHR Site Selection document) and will represent a geographic and programmatic cross-section of the Indian health care system. Two hospitals (small and medium) and two to three clinic facilities (also of varying size) will be selected. At least one of the beta test sites will be a tribally operated organization.

Keith Longie discussed the possibility of some Areas not having any sites; however other Areas may have multiple sites. Consequently, the IHS should be able to meet the PART's requirement to have 20 sites running EHR by the end of FY 2004. He pointed out that sites may have the desire to participate in the EHR project, and want greatly to be selected as EHR sites, but may not have the technical capability to implement the project. Jim Garvie, Deputy CIO, IHS Headquarters, gave the example that LeAnn Christianson discussed earlier about the time it took for Wind River to get their documentation set up. Kevin Rogers asked what sites needed to do to start getting ready for EHR. Jim Garvie referred everyone to the IHS EHR website located at www.ihs.gov/cio/ehr for detailed information on site preparation. George Huggins provided the group with a list of software applications that had to be loaded in Tuba City (these are available on the EHR website). Mike Danielson pointed out that in addition to installation of required RPMS/EHR software applications, the sites will be required to maintain the local network and hardware infrastructure, and provide real-time technical support to the site's EHR users.

Software Engineering Issues
George Huggins, Software Engineering Team (SET) Leader, ITSC

(See presentation slides)

Patches
LeAnn Christianson asked about the ISC Directory to download patches and pointed out that ISC access had been cut off to this directory. Passwords were changed but not distributed to the ISC community. She also asked about the possibility of receiving Cache with the patches. Dale Smith said they should call him or Rick Pullen for assistance with the password and Cache.

Floyd Dennis stated that the ICD and CPT updates have been done incrementally for the past 10 years. Some sites may not have all the increments loaded as a result. He asked if there was any way to get a comprehensive update of them. George said this could be done.

File Transmittals
Ray Willie discussed the move from AIB to BXP and said that we were in a migration process right now. George Huggins added that we were not only going to BXP, but would eventually be moving to HL7, and that BXP would be going away later as well. Ray asked that if anyone had concerns to please report them to him. He related the file transmittal migration to the Data Warehouse project that Stan Griffith would be presenting later.

SET Staffing Levels
George provided a breakdown of FTE by functional area/team (see slides). Selections have been made on 2 vacant supervisory positions in SET, but the ITSC is still waiting for required IHS/HHS approvals in Washington, D.C.

Quality Assurance (QA)
George discussed QA only being able to currently review and certify RPMS applications. There is a need to expand this to include non-RPMS applications (example, NPIRS- and IIS-developed applications) and if this occurs, the SET will have to either request additional FTEs to perform this function or contract it out, as there is presently not enough staff to perform these additional duties.

Al Toya and Juan Navarro, QA staff, load the software applications on Micronetics and Intersystems to make sure they run on these platforms. If the IHS chooses to follow the Department of Veteran Affairs (DVA) on its software development efforts, the IHS will have to consider alternatives to Micronetics. The SET is internally looking at other options such as GTM and World Vista.

Requirements Analysis and User Support
The staff consists of functional experts/super-users. The EHR development is included in this group's functional area.

Software Development
RPMS software applications are the only ones being developed by this group. 17 of 22 positions are currently filled. The staff is divided into functional teams with Ray Willie supervising them. There are several new software applications in beta testing right now but the SET has to focus on HIPAA software requirements because of its priority and deadlines.

Rich Hall asked for a list of software applications coming out and dates of release, adding that a ballpark estimate would be fine. He stated that the ISCs need to know what is anticipated for release and when so they can prepare for it.

Data Warehouse (DW) Project
Stan Griffith and Lisa Petrakos, DW Project, ITSC, IHS.

(See presentation slides)

Stan Griffith and Lisa reviewed the DW "live mode" schedule by site. Tucson Area will be the first site to run the DW in a live mode. Their goal is to have the data loaded by August. Lori Butcher is working on the legacy system with the DW team. Rich Hall asked for a report on DW data load at the Area level since sites will be able to load their data directly without having to go through the Area as previously done. Lisa stated that facilities will send data to the integration engine directly, the data won't be going through the Area Office for export to the ITSC as previously done. LeAnn Christianson and Rich Hall asked that the Areas be contacted prior to their facilities starting to submit data. Lisa said this would be done.

Stan Griffith stated that the DW Team was beta testing HL7.

ITSC Schedule/Status for Workload/User Pop Reports
Paul Golis, National Patient Information Reporting System, ITSC, IHS

(See presentation slides)

ARMS Consolidation, United Financial Management System (UFMS), and Integrated Financial Administrative System (IFAS) Implementation
Sandra Winfrey, Albuquerque Area IHS and Arthur Gonzales, ITSC, IHS

(See presentation slides)

Art Gonzales discussed the recent decision not to consolidate the ARMS servers in IHS. He stated that the ITSC and Albuquerque Area are on one server and if an Area was interested in still consolidating their ARMS server, it would be done. Again, it is up to the Area whether to consolidate or not, it is not a requirement anymore.

Sandra Winfrey, IHS leader on the IFAS project, then discussed the UFMS project. She said that the UFMS was not optional, it was an HHS mandate and IHS was required to implement it. The UFMS is an Oracle based product, and Oracle has up to 35 segments (BACs) similar to CANs that the IHS would be converting its CANs to in the future. The UFMS does not have the ability to do medical billing and the IHS still has a requirement to perform this function through some other means.

Sandra talked about the fixed assets functionality of UFMS and pointed out that the IHS currently has a material weakness in this area. The IHS cannot wait for UFMS implementation at IHS in 2007 to address the fixed asset weakness, we need a replacement for this function now.

The UFMS cost breakdown for IHS has increased from $34.9 million to $38.6 million. This increase is reflected in the UFMS Cost handout (see attachment).

The UFMS/IFAS business case proposal will be reviewed by the HHS Information Technology Investment Review Board on December 9.

ITSC Functions and Services Related to Tribal Shares

Bruce Parker, Self-Determination Services (SDS) Team Leader, ITSC, IHS, and Sam Berry, IT Specialist, SDS/ITSC

(See presentation slides)

Bruce Parker stressed the point that the DIR and Areas needs to market IHS IT services, whether it be through a website, a CD, etc., if we expect to be the vendor of choice.

Wes Old Coyote recommended that SDS documentation for telecommunications share needs to be developed, as well as documentation for NPIRS, software, hardware, and training.

Thursday, November 20, 2003

Technology Management and Telecommunications (TMT) Issues

Greg Brolund, HHS Chief Technology Officer and Tom Fisher, TMT Team Leader, ITSC, IHS

Tom Fisher introduced Greg Brolund, the Department' Chief Technology Officer, who presented the following on specific HHS telecommunications activities:

(See presentation slides)

> HHSNET Project
> Mr. Brolund discussed the priorities set by Secretary Tommy Thompson and how the HHS IT Strategic plan are aligned with them. One of Secretary Thompson's priorities was to reduce the number of Internet connections across HHS. The IHS is participating in the HHSNET Implementation Team with Tom Fisher as the Agency's representative. This team is lead by Mike Buster, FDA, who will be publishing the schedule for transition to HHSNET.
>
> Wes Old Coyote brought up the issue of the VBNS network, the required Backbone Service Level Agreement, and problems encountered with remote sites such as Kayenta having delays going from point-to-point connections to access the network. Keith Longie added that the VBNS is not a "one size fits all" solution for the IHS due to its geographical disparity. We need to look at performance, availability, and costs. Wes and Keith pointed out that while MCI might be available in most metropolitan areas, it is not available at the IHS' local level. Wes continued to demonstrate this problem by giving the example of costs for Eagle Butte, located in the Aberdeen Area, where the costs are $2,500 through MCI versus $339 from the local vendor. Mr. Brolund stated that if it is a small cost difference, then we would have to go with the HHS vendor. The HHS does not, however, want to break our existing network if it is meeting our need, and asked the IHS to develop a cost analysis where alternative vendors would significantly reduce the cost.
>
> Ken Russell asked how the VBNS will be paid for by OPDIVs. Mr. Brolund said that each circuit will be charged back to the ordering OPDIV. Administrative costs will be factored into the circuit costs.
>
> Active Directory
> Mr. Brolund stated that there is no HHS policy on Active Directory, and no push to have a single forest across the Department. There are to many security concerns to try and combine all OPDIV active directories into one. Tom Fisher noted that the IHS is currently utilizing one forest.

E-Mail Consolidation
Mr. Brolund said that the e-mail consolidation is the most asked about project by Secretary Thompson and that it is one of his priorities. Some organizations have security controls in place for e-mail while others have none. There are 350 e-mail servers across HHS, and this has been the impetus for consolidation within each OPDIV. Secretary Thompson wants to take the consolidation one step further and have only one HHS e-mail system for all OPDIVS. The goal of HHS is to convert to the new e-mail system and shut down legacy systems this year. Mr. Brolund stated that this was quite an ambitious goal.

The HHS will have 2 contracts for e-mail:

- SRA International
  Will provide consulting support
  Single e-mail system at the Department level
  Work with each OPDIV at the level they need for development of migration plans
  Work with OPDIVs and contractors to review design of migration plans

- Provision of Service
  HHS is reviewing contracts now and plan to award in the next week or so. Contractor will be available to assign new addresses and relay messages to your legacy system (old e-mail)

Keith Longie, IHS CIO, stated that the IHS is concerned with the following:
- Takes 3 minutes to send a message next door
- IHS is not dependent on a frame relay/point-to-point type of structure. Single points of failure are possible with the HHS e-mail system. If the HHS e-mail goes down, it will bring everyone to a grinding halt. This is unacceptable for IHS.

Active Directory Migration Presentation
Karen Wade, TMT/ITSC and Jem Davis, Dell Corporation, jem_davis@dell.com cell phone: (254) 371-5870

Karen Wade, TMT/ITSC and Jem Davis, Dell Contractor, gave a brief presentation on the migration to Windows 2003. Dell has been working with IHS since March on the migration. They are migrating a few locations to Windows 2000; however, Dell will be moving the majority of IHS directly to Windows 2003. Oklahoma is the last Area to be converted to Windows 2000. Dell initially conducts a pre-migration workshop with IHS organizations/Areas where they explain everything the migration team needs. Issues identified include the following:

Communications
Communications must occur between User and IT staff. There is increasing information given to User. It is vital that a communication plan be put in place.

Network
V-LANS-It is important that the V-LANS is configured properly.
Subnet information-Problem in that we can only associate 1 subnet with 1 active directory site. Cannot use multiple subnets or sites.
DHCP-ask prior to migration. Drop DHCP time to 1 hour. Really need static IP addresses made dynamic.
RNet-RPC traffic-some instances where RPC traffic has been closed causing failure of the tool. Need to insure that it's open.

Production Freeze
During time of migration, the ISCs need to ask users for a production freeze. No new servers or equipment should be added to the network while the migration is occurring.

Mailbox Sizes
Get all e-mail users down to 100 MB mailbox size. This helps to facilitate a smooth migration. Jem gave the example where it took 8 hours to migrate 120,000 messages for one individual.

Upgrade Project to Windows 2003
Anticipate 6-8 weeks for the project to be complete. Dell plans to spend the first 2 weeks at the ITSC lab then will move out to work with Areas. If you've already migrated, the upgrade should have minimal disruption.

Discussion
Ken Russell: Looking for properties of groups, can't see the members of groups on distribution lists. Jem stated that those groups can be recreated, and gave a solution for this.
Tony Davis: Brought up point of end-user communication and identifying an IT staff person to address their questions and mailbox size.
Jem Davis: Wants everybody on the IT side of the organization involved and at the pre-migration kick-off meeting. He emphasized the mailbox size reduction to 100 MB or less and importance of having this completed prior to migration. They have produced additional documentation to instruct end-users how to archive messages to personal folders.
Wes Old Coyote: Stated that HHS will not require a single forest, but IHS has its own plan for an agency single forest.
Karen Wade: Virus software is not a part of contract with Dell. We (IHS) need to do anti-virus installs right away in Areas/locations prior to coming on line with Active Directory. Gem thanked Karen for addressing the virus issue.

Universal Service Access Charge Processing
Tom Fisher and Brad Platero, TMT

(See presentation slides)

Certain sites have been awarded USAC funding including California, Aberdeen, and others. Wes Old Coyote asked if these locations have received their credits yet. Jan Bergemann, California ISC, said they have not. Brad Platero stated that Gina Montgomery, MCI, will be addressing this issue. Ken Russell asked why Navajo is getting their funds if IHS ITSC is not. Wes stated that Navajo have their own agreements with local phone companies.

The Areas brought up the issue of Area USAC funds going to IHS Headquarters East. The Areas want their credits back from Headquarters. Some Areas are getting refunds. Tom Fisher stated that the problem is in Headquarters East, they need help getting the credits/funds out of Finance. He asked Keith Longie and Jim Garvie for assistance. Jim said he doesn't know if the funds are even there. Tom Fisher agreed to work with USAC to ensure refunds are going to the correct Areas.

FTS/MCI Billing
Shirley Zuni, TMT/ITSC

Shirley Zuni, TMT, stated that there are 22 sites with PBX cards that have call station identifier capability. There is a problem with sites that don't have cards because they don't have the call station identifier capability. The IHS is routinely billed for hundreds of

thousands of unidentified origin calls. These calls are billed to Headquarters East and prorated back to the Areas. There are some cases (not all) where Area costs can be identified, but they cannot be identified back to the facility level. Shirley agreed to compile a list of each site that needs the cards along with related costs. This will be provided to the Area for purchase consideration. Ken Russell stated that if the PBX does not send out the origin number, the Area's bill for MCI services may not be correct.

Computer Systems Management Issues
Rick Pullen and Dale Smith, ITSC

Cache Conversion, License and Operating System/Platform
There are approximately 150 sites where the Cache conversion is complete. Rick Pullen said that they want to do some testing on Cache and Windows 2003. Right now they don't have a platform to test it on. It is critical that this runs smoothly and testing has to be done, especially with the IHS-EHR coming into use. Jim Garvie asked if the ITSC had an EHR test environment. Wes Old Coyote added that the ITSC should have boxes like what will be used at the sites where EHR will be running. Rick said that there is a test box in Tuba City. Jim stressed that the ITSC needs the EHR test environment at the ITSC.

AIX 4.3
There is no support from the vendor after December 31st. Rick said that a decision needs to be made whether IHS is going to continue to use AIX 4.3. Karen Wade pointed out the security risks when running AIX 4.3. Tom Fisher agreed to work with the Areas to ensure the latest version of AIX is installed on AIX equipment.

Status of Fifo File
FIFO tapes are a standard set of IHS files. We now have an IHS testing location at the ITSC as of October for the FIFO tapes.

Unix Operating System 5.2
Jim asked Rick if there was a way for ITSC to tell whether MSM or Unix is running at a particular site and also, what RPMS applications are running at individual sites. Rick said to a point, yes, but that this requires a check and balance at the local/Area level. Kevin Rogers said there is a tool available on the Web for this, Oklahoma and Phoenix Areas use it. Jim stated that all Areas should look at the tool.

Standard/Baseline Software
Rick next discussed InterSystems licenses. The IHS is buying individual software licenses but really needs an enterprise license in the future. He has the current individual paper licenses and is distributing them to the Areas now.

Microsoft Update System
Ken Russell discussed the Microsoft Update System. He said the ITSC will be pushing out all updates like critical updates. Jim Garvie asked Tom Fisher to check with Jem Davis on Microsoft updates.

National Telemedicine Plans
Keith Longie said that Areas are moving forward individually on their telemedicine plans. There will be a national telemedicine person designated by IHS, and will probably be from the Office of Public Health, not the DIR. Keith polled all of the Areas, and all are doing some type of telemedicine activity.

SDP Contract
Keith asked Areas to check with Matt Parkinson, DIR, on the SDP contract. It is available but not everyone is using it.

Tribal Telemedicine Project
Richard Hall, Alaska Native Tribal Health Consortium

(See presentation slides)

The Alaska Telemedicine Project has proven to be quite successful. Presently 77 percent of the Alaska sites have the capability to connect to the project with 67 percent actually connected and participating. The project has significantly decreased travel requirements and their associated costs for the Area and its sites. However, they have found that the State Medicaid Program does not care/support the project or that the telemedicine project saves significant travel money for them directly.

How to Access the IHS Help Desk, Policies, and Procedures for its Use

(See presentation slides)

George provided the figures on the numbers of calls and response times from March to November 2003. Ray discussed Peregrine and its availability to Areas and stated that the Area ISCs were all notified of it by e-mail. Through the Peregrine tools, Areas can set their own Help Desks up with Area staff. The Peregrine tools are on the ITSC website.

As to the ITSC Help Desk, the ISCs have access to the ITSC Knowledge Base, but not to Area-specific trouble reports. Ken Russell and Rich Hall asked that the Peregrine information be sent out to Area ISCs again.

Ray added that the Help Desk can identify sites by 638 compact or contract, but cannot identify whether they actually took their shares. The ISCs want a comparison of which Areas are calling and want to see who uses it more and who might need additional resources for Help Desk.

The ISCs recommended that Rob McKinney use the Help Desk data to identify security issues.

HIPAA Update, Implementation Plan, Policies, Procedures, and Compliance
Carl Gervais, ITSC, IHS

(See presentation slides)

Carl Gervais provided a report on the HIPAA electronic forms that the IHS is required to have in accordance with HIPAA and gave the dates of completion and status on the forms yet to be completed. Wes Old Coyote, Navajo Area CIO, offered Mike Pike's services from the Navajo Area for assistance with the 270/271.

Carl invited the ISCs to participate on the weekly HIPAA technical call held every Thursday at 2:00PM Mountain Standard Time. The call-in number is (505) 889-5511.

The group discussed HIPAA security and Rob McKinney pointed out that the confidentiality and integrity of the products is available through certification and accreditation. Keith Longie added that risk analyses and risk assessments at the facility level can be conducted to begin HIPAA security compliance. Jim Garvie offered the HIPAA Security Safeguards from HHS available in the HHS HIPAA Compliance Guide. This has templates available showing what is required to meet HIPAA and accreditation requirements. The IHS CIO is ultimately responsible for ensuring HIPAA compliance within the IHS.

HHS and IHS Security Issues
Robert McKinney, Senior ISSO, IHS

(See presentation slides)

The group identified only 3 Areas that have a full-time ISSO position. The remaining Areas have employees that perform the ISSO function as a secondary responsibility.

Rob McKinney, Senior Information Systems Security Officer, IHS, presented the status of several security initiatives/issues within the IHS. Highlights follow:

Certification and Accreditation
Rob discussed the security certification and accreditation (C&A) process for major systems/applications that IHS is required to undergo and reviewed the ones IHS has completed to date. Jim Garvie stated that the C&A for IFAS is an IHS-wide project, not just for the Albuquerque Area Office. Although Sandra Winfrey is an Albuquerque Area employee, she is designated to represent the IHS as a whole in this effort as the IFAS Project Team Leader, and we shouldn't confuse IFAS with being just an Area project when it is actually an Agency-wide one. The IHS will not have to conduct its own C&A for the VBNS, as we are covered by the HHS' VBNS C&A. We would be covered by the Department's C&A for any enterprise-wide major system or application we are using. However, if we were to modify the system/application for IHS, we would then have to conduct a new C&A.

Rob discussed implementing a couple of teams to go out and conduct risk analyses and assessments in the field. Keith Longie asked what the ISCs thought about having a national team to do C&A or if they preferred to conduct them at the Area levels without HQ. Floyd Dennis said he would prefer a HQ team.

Incident Response

Rob talked about the requirements for incident response and proposed that IHS implement teams with members from throughout the IHS to conduct these.

Certificates
Jim Garvie said that Verisign was not required to do the certificates. The HHS has enterprise projects underway already for the certificates. Rob and Kathleen Federico stressed that IHS needs to get rid of group passwords and that the IHS has been cited with a weakness in this area that we have accepted. We as an Agency need to get something in place as soon as possible. Jim Garvie stated that he would like to discuss this issue further with the ITSC security staff.

Blaster/Wichia
HfNetCheck is a tool above and beyond the MS Critical Security and Symantec/Norton updates. Kathleen Federico discussed the recent SANS training she attended and that we can expect to have new virus attacks as a result of the blaster infection coming through a back door soon. While the blaster virus was a nuisance that didn't actually do any harm to PCs, the new virus that was left dormant on the PCs will most likely destroy the hard drives when it comes out. Rob recommended building a standard configuration, ghosting it, and if your PC is hit then purge the entire hard drive and reload.

Desktop Standards
Keith Longie said that HHS is coming out with an HHS desktop standard and the IHS will need to have a standard like theirs. Rick Pullen asked if IHS would be able to mandate our standards to tribes. Discussion briefly addressed service level agreements that are attached to compacts/contracts for IT requirements the tribes have agreed to abide by and that this is where the requirement would have to be located.

Kevin Malloy said that he wanted IHS to consider other operating systems than Windows. Keith added that single points of failure could be avoided if we had an additional operating system. The ISCs requested that the IHS establish a Standard Configuration Committee to put an IHS recommendation together and Kevin Rogers volunteered Mike Alpert from the Oklahoma City Area for this committee. Keith Longie also volunteered Christy Tayrien of the CIO Office staff to assist in writing the recommendation/standards.

Security Training
Rob discussed the development of a standardized security training program for IHS.

Continuity of Operations Planning (COOP) Strategies
The presentation was turned over to Kevin Rogers, Oklahoma City Area, who gave the group some insight as to what occurred in the Oklahoma City Area Office when it was hit by a tornado earlier this year and the problems encountered. He said that no amount of planning will prepare you for an actual disaster and the problems you will be faced with, but that a COOP is definitely a good tool to have in place in the event something does happen. He recommended that COOPs be reviewed and updated frequently because things such as contact numbers and information change rapidly, and the plan is of no use if it is outdated. They did not have their COOP in place when the disaster occurred in Oklahoma City. Bernie Diaboust stated that IHS will be performing a COOP drill/exercise next year. Jan Bergemann from California said she wanted a dedicated AIX server at the ITSC for contingency planning to download the Area's data on.

ISC/ITSC/DIR Roundtable Open Discussion and Meeting Closeout

William Bird, Bemidji Area ISC, talked about the small size of the IT staff in his Area (only 2 FTE) and that they need help there. He supported Rob McKinney's proposals for HQ teams such as Security to be deployed to the Areas to assist them.

Keith Longie again recommended that the ISCs meet regularly and that they go forward with electing a leader and formalizing their group. Kevin Rogers made a recommendation and the ISCs agreed that Keith Longie, IHS CIO, would provide the ISCs with the CIO's Expectations, Responsibilities and Role of the ISC Chair prior to any formal selection of the Chair and/or Co-Chairs.

Jan Bergemann suggested that the ISCs have monthly conference calls.

Floyd Dennis made a formal request for the Data Warehouse Project to put their time table on hold until Area consultation has occurred.